Lindamood-Bell® Workshops Registration Form

*Prices valid for workshops scheduled through 8-31-2015.

REGISTRANT INFORMATION Preferred mailing address, email address, and phone (check one): Home Work (registration confirmation will be emailed to your preferred email address)				
Preferred mailing address, email address, and phone (check one): Hor			aation will be emailed to your preferred email addre	ess)
Home Address:				
City:				n t
Home Phone:	_ Home	Email:		
Position/Title:				
Work/Business Name:				as
Work/Business Address:				l e
City:				Ь
Work Phone:				
Emergency Phone*:	Circle on	e: Cell Home Work Ot	her *Used if workshop location changes unexpectedly.	:
HOW DID YOU HEAR ABOUT THIS WORKSHOP? Source (please circle one): Internet Search ~ Email ~ Mailer ~ Word of Mouth ~ Other (please specify) Specific Detail (please provide):				
WORKSHOP SELECTION & PRI	CE	Рачм	ENT INFORMATION	·
Location (City):		Payable to	Lindamood-Bell Learning Processes.	
Date(s):		□ Credit Card:		
☐ Seeing Stars® (SI™)	\$679			
\square Visualizing and Verbalizing [®] for Comprehension (V/V [®])	\$679	□ visa □mc □	DISCOVER AMEX Exp. Date	
□ Talkies [®] \$679		Billing Address:		
☐ Lindamood Phoneme Sequencing® (LiPS®)	\$879	Check if same as abou		
☐ On Cloud Nine® Math (OCN™)		Print Name:		
☐ Sensory-Cognitive Assessments				
Subtotal \$()	registration form.	e r (numbered and signed): enclose or fax Address PO to Lindamood-Bell Learnin guera Street, San Luis Obispo, CA 9340:	ng
Ways to Save		Tracesses, training	Sucra 600000, 600 2000 0000po, 611 70 10	
☐ Register for Multiple Workshops Save 5% by registering for 2 or more workshops. \$ ()	Early registration is en	TRATION DEADLINE accouraged. To receive your Early Bird discouration to the event. Registration can be made by phore	-
Be an Early Bird Save 5% on registrations and payments received 4 weeks before the start of the workshop. \$\((_\))	REGISTRATION If you have not receiv	N CONFIRMATION red confirmation within two weeks after you 819 to check your registration status.	
Total \$		You will receive a full	CANCELLATIONS refund if you cancel 30 days or more before u will receive a full refund minus a \$40 service	
WAYS TO REGISTER	`	if you cancel within 30 if you cancel after the	0 days of the workshop. You will not receive start of a workshop.	a refund
800-233-1819 / 805-541-3836		Workshop Cancellation Lindamood-Bell Le	on arning Processes reserves the right to c	cancel a
805-541-6370 (Fax)		_	d-Bell will make every effort to provide noti o the start of the workshop.	ification

Attendance at one or more of our workshops does not create an express or implied license to train others to conduct clinics or workshops in our proprietary educational programs, or to certify any individual in the use or administration of our programs. Lindamood-Bell® program materials are proprietary and cannot be duplicated, copied or distributed without the express, prior written consent of Lindamood-Bell Learning Processes, a California corporation. Please contact us at any time if you have any questions concerning the use or implementation of our programs by third parties.